Therapeutic Considerations for Veteran Patients on Felodipine

Due to a recent shortage, the availability of felodipine may become unreliable, potentially interrupting patient care. Until an adequate supply of felodipine can be guaranteed, it would be prudent to consider alternative therapies rather than starting new patients on this medication. For those veteran patients currently prescribed felodipine who may be affected by the shortage, the VA Pharmacy Benefits Management and Medical Advisory Panel (PBM-MAP) have provided several considerations depending on the following indications for use:

Hypertension[1-3]

- **Consider thiazide diuretic if not currently part of regimen (and patient is without contraindications)**
- Consider alternative antihypertensive medications based on concomitant diseases
- If a long-acting dihydropyridine (DHP) calcium channel blocker is considered the most appropriate treatment for the patient, consider change to nifedipine SR:

  Felodipine 5mg → Nifedipine SR 30mg
  Felodipine 10mg → Nifedipine SR 60mg (or 30mg if more appropriate per clinical judgment)

Angina[4,5]

- **Consider beta-blocker if not currently part of regimen (and patient is without contraindications)**
- Consider a non-DHP calcium channel blocker (e.g., diltiazem, verapamil) if appropriate (and patient is without contraindications)
- If a DHP is considered the most appropriate treatment for the patient, consider change to nifedipine SR

Increased frequency, duration, and or severity of angina and/or acute myocardial infarction have rarely occurred when starting or increasing the dose of a calcium channel blocker. Patients with angina being initiated on long-acting nifedipine should be warned that the drug may cause an increase in angina, especially if therapy with a beta-blocker is discontinued abruptly.

Chronic Heart Failure[6,7]

- To treat uncontrolled hypertension and/or angina in a patient already receiving optimal treatment for chronic HF (e.g., diuretics, ACEI, beta-blocker, digoxin and spironolactone where indicated), consider change to amlodipine:

  Felodipine 2.5 or 5mg → Amlodipine 2.5 or 5mg
  Felodipine 10mg → Amlodipine 10mg (or 5mg if more appropriate per clinical judgment)

For additional discussion, refer to PBM-MAP Criteria for Use of Long-Acting Dihydropyridine Calcium Antagonists in VA Patients at http://www.vapbm.org or http://vaww.pbm.med.va.gov

COST COMPARISON

DRUG[a]	USUAL DOSE	COST/MONTH[c]
THIAZIDE DIURETICS		
Hydrochlorothiazide	12.5-25 mg qd (max=50mg/day)	$0.12-$0.23
Chlorthalidone	12.5-25 mg qd (max=50mg/day)	$0.45-$0.89
HCTZ/Triamterene	25/37.5-50mg/75mg qd	$1.07-$2.14
ACE INHIBITORS		
Enalapril	2.5–20mg/day (divided qd-bid)	$0.41-$0.90
Fosinopril	5–40mg qd	$2.26-$4.52
Lisinopril	2.5–40mg qd	$1.19-$5.39
BETA BLOCKERS		
Atenolol	25mg-100mg qd (angina: up to 200mg qd)	$0.47-$0.85
Metoprolol	IR: 50-300 mg/day (divided qd-bid)	$0.41-$2.23
CALCIUM CHANNEL BLOCKERS		
Diltiazem IR	90-360mg/day (divided tid-qid)	$0.24-$2.37
Diltiazem SR	120-540mg/day	$8.75-$24.60
Verapamil IR	120-360mg/day (divided bid-tid)	$3.08-$3.16
Verapamil SR	120-480mg/day (divided qd-bid)	$3.95-$4.43
Long-acting Dihydropyridines		
Felodipine	2.5-10 mg qd	$13.80
Nifedipine SR	30-120mg qd (manufacturer max=90mg qd)	$8.40
Amlodipine[b]	2.5-10 mg qd	$22.00-$34.04

[a] Selected agents, refer to VA National Formulary at http://www.vapbm.org or http://vaww.pbm.med.va.gov for complete list
[b] Refer to PBM-MAP Criteria for Use of Long-Acting DHP Calcium Antagonists in VA Patients at http://www.vapbm.org or http://vaww.pbm.med.va.gov
[c] Based on current Federal Supply Schedule or VA Contract Price

References (abbreviated)

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2. The sixth report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC VI). Arch Intern Med 1997;157:2413-46.
3. *Diagnosis and Management of Hypertension in the Primary Care Setting.* VA/DoD Clinical Practice Guideline, November 1999. (http://www.vapbm.org).
4. ACC/AHA/ACP-ASIM Guidelines for the Management of Patients With Chronic Stable Angina. JACC 1999;33:2092-197.
5. ***Management of Ischemic Heart Disease in Primary Care.* VA/DoD Clinical Practice Guideline, October 2001. Update November 2002. (http://www.oqp.med.va.gov).**
6. ACC/AHA guidelines for the evaluation and management of chronic heart failure in the adult:. 2001. (http://www.acc.org/clinical/guidelines/failure/hf_index.htm).
7. *The Pharmacologic Management of Chronic Heart Failure*. PBM-MAP, April 2001; Updated December 2002 (pending approval). (http://www.vapbm.org).